

**IN THE UNITED STATES DISTRICT COURT FOR THE
DISTRICT OF NEW JERSEY**

IN RE: JOHNSON & JOHNSON)
TALCUM POWDER PRODUCTS)
MARKETING, SALES PRACTICES AND) MDL Docket
PRODUCTS LIABILITY LITIGATION) No. 2738
)
)
This Document Relates To:)
)
Bondurant v. Johnson & Johnson, No. 3:19-cv-14366)
Converse v. Johnson & Johnson, No. 3:18-cv-17586)
Gallardo v. Johnson & Johnson, No. 3:18-cv-10840)
Judkins v. Johnson & Johnson, No. 3:19-cv-12430)
Newsome v. Johnson & Johnson, No. 3:18-cv-17146)
Rausa v. Johnson & Johnson, No. 3:20-cv-02947)
)

**DEFENDANTS JOHNSON & JOHNSON AND LLT MANAGEMENT,
LLC'S STATEMENT OF UNCONTESTED MATERIAL FACTS**

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Pursuant to Local Civ. Rule 56.1(a), the undersigned hereby furnish their statement of material facts as to which there does not exist a genuine issue.

A. Linda Bondurant

1. Ms. Bondurant was born on [REDACTED], and died on [REDACTED] [REDACTED]. (L. Bondurant PPF at 2 (Ex. 29 to Decl. of Jessica Davidson (“Davidson Decl.”)); L. Bondurant Death Certificate (Ex. 30 to Davidson Decl.).)
2. Ms. Bondurant was diagnosed with Stage IV clear cell ovarian cancer on October 31, 2018. (L. Bondurant PPF at 3.)
3. The epidemiologic studies that have assessed whether genital talc use is associated with an increased risk of various ovarian cancer subtypes have overwhelmingly shown **no** increased risk of clear cell carcinoma. *See* Berge, *Genital Use of Talc and Risk of Ovarian Cancer: A Meta-analysis*, 27(3) Eur. J. Cancer Prev. 248, 251 (2018) (Ex. 8 to Davidson Decl.) (“No significant associations were detected for . . . clear cell (RR: 0.98; 95% CI: 0.72-1.23) carcinomas.”); Taher, *Critical Review of the Association Between Perineal Use of Talc Powder and Risk of Ovarian Cancer*, 90 Reproductive Toxicol. 88, 93 (2019) (Ex. 9 to Davidson Decl.) (OR: 0.63; 95% CI: 0.15-2.65 for “clear cell”); Penninkilampi & Eslick, *Perineal Talc Use and Ovarian Cancer: A Systematic Review and Meta-Analysis*, 29(1) Epidemiology 41, 41, 44 (2018) (Ex. 10 to Davidson Decl.) (OR: 1.02; 95% CI: 0.75-1.39 for clear cell carcinoma; “[w]e

found an increased risk of serous and endometrioid, but not mucinous or clear cell subtypes").

4. Ms. Bondurant had a history of [REDACTED]. (L. Bondurant PPF at 4.) [REDACTED] is associated with up to a 900% increased risk of clear cell carcinoma of the ovary. *See Saavalainen, Risk of Gynecologic Cancer According to the Type of Endometriosis*, 131(6) *Obstet. & Gynecol.* 1095 (2018) (Ex. 20 to Davidson Decl.).

5. Ms. Bondurant also had a “family history of cancer that was significant,” including both a [REDACTED]
[REDACTED]” (2d Am. Rep. of Judith Wolf Re: Linda Bondurant (“Bondurant Rep.”) at 25, May 28, 2024 (Ex. 19 to Davidson Decl.); Dep. of Judith Wolf (“9/14/21 Wolf Dep.”) 438:2-3, 439:19-20, Sept. 14, 2021 (Ex. 15 to Davidson Decl.).)

6. Dr. Wolf testified that Ms. Bondurant’s family history of cancer is associated with an odds ratio of 2.0, meaning it doubles her risk of ovarian cancer. (Bondurant Rep. at 25 (“[H]er family history by itself does increase her risk of ovarian cancer up to 2 times.”).)

7. Ms. Bondurant had a [REDACTED] in 1987, more than 30 years before she was diagnosed with ovarian cancer. (L. Bondurant PPF at 3.) Under plaintiffs’

experts' theories, a [REDACTED] cuts off the pathway by which talc allegedly reaches a woman's ovaries. (*See, e.g.*, 9/14/21 Wolf Dep. 634:5-7.)

8. According to Dr. Wolf, a latency period of 15 to 20 years following talc use is reasonable for ovarian cancer. Thus, based on Dr. Wolf's opinions, the route by which talc could have reached Ms. Bondurant's ovary and caused cancer was closed long before the supposed latency period for talc and ovarian cancer. (9/14/21 Wolf Dep. 571:2-6.)

9. Ms. Bondurant has not identified any particular representations to which she was allegedly exposed regarding the Products at issue in this litigation. Her daughter, Jamie Bianca Miller, could not point to any marketing or promotional statements allegedly seen by Ms. Bondurant that form the basis of this lawsuit. (*See* Dep. of Jamie Bianca Miller 14:15-22, Mar. 18, 2021 (Ex. 24 to Davidson Decl.).)

B. Hilary Converse

10. Ms. Converse is an 82-year-old woman living in Prospect, Connecticut. (Dep. of Hilary Converse ("Converse Dep.") 62:9-10, Dec. 1, 2020 (Ex. 23 to Davidson Decl.); H. Converse PPF at 2 (Ex. 31 to Davidson Decl.))

11. Ms. Converse was diagnosed with Stage I clear cell ovarian cancer on September 6, 2007. (H. Converse PPF at 3;

CONVERSE_HILARY_YALENEWHAVENHOSPITAL_02086-02089 (Ex. 27 to Davidson Decl.).)

12. Ms. Converse had [REDACTED] and her “[REDACTED] [REDACTED]” (Dep. of Peter Schwartz 31:19-32:4, Jan. 28, 2021 (Ex. 32 to Davidson Decl.) (pathology report stated her “[REDACTED] [REDACTED]”); Dep. of Daniel L. Clarke-Pearson (“8/26/21 Clarke-Pearson Dep.”) 366:13-22, Aug. 26, 2021 (Ex. 16 to Davidson Decl.) (Dr. Clarke-Pearson agreeing that Ms. Converse’s treating physician “believed it’s likely her [REDACTED] [REDACTED]”).)

13. Ms. Converse had a first-degree relative, her mother, who was diagnosed with [REDACTED]. (2d Am. Rep. of Daniel L. Clarke-Pearson Re: Hilary Converse (“Converse Rep.”) at 18, May 28, 2024 (Ex. 33 to Davidson Decl.).) Dr. Clarke-Pearson testified that Ms. Converse’s family history of [REDACTED] [REDACTED] was a cause of her ovarian cancer. (Dep. of Daniel L. Clarke-Pearson (“8/27/21 Clarke-Pearson Dep.”) 460:13-16, 470:20-22, Aug. 27, 2021 (Ex. 18 to Davidson Decl.).)

14. Ms. Converse took [REDACTED] medication for ten years. (Converse Rep. at 18; 8/26/21 Clarke-Pearson Dep. 341:10-15.)

15. Ms. Converse could not identify any particular representations to which she was allegedly exposed regarding defendants’ products. In fact, she

could barely describe what the container looked like. (Converse Dep. 77:5-13 (“Q. Can you describe for me the container of the Johnson’s baby powder that you would generally use? THE WITNESS: All I remember was a white bottle with, I believe, some blue writing and maybe some pink on the bottle.”) (objection omitted).)

C. Anna Gallardo

16. Ms. Gallardo is a 72-two-year-old woman living in St. Louis, Missouri. (GALLARDO_ANNA_BJH_00001-00006 (Ex. 34 to Davidson Decl.); Dep. of Anna Gallardo (“Gallardo Dep.”) 40:1-3, Jan. 12, 2021 (Ex. 22 to Davidson Decl.).)

17. Ms. Gallardo was diagnosed with Stage II endometrioid cancer on July 25, 2013. (GALLARDO_ANNA_BJH_00001-00006; A. Gallardo PPF at 3 (Ex. 35 to Davidson Decl.).)

18. Ms. Gallardo had not used talc during the 25 years preceding her ovarian cancer diagnosis. (Gallardo Dep. 38:4-13; A. Gallardo PPF at 16.)

19. Ms. Gallardo underwent [REDACTED] therapy—an additional risk factor that could have caused her ovarian cancer. (2d Am. Rep. of Judith Wolf Re: Anna Gallardo at 24, May 28, 2024 (Ex. 36 to Davidson Decl.).)

20. Regarding defendants’ marketing, Ms. Gallardo testified that she “would look at their ads, they would talk about it being effective and safe. . . . I

would occasionally look at the print on the back of the bottle, yes.” (Gallardo Dep. 117:12-25.)

D. Carter Judkins

21. Ms. Judkins is a 67-year-old woman living in Dover, New Hampshire. (C. Judkins PPF at 2 (Ex. 37 to Davidson Decl.).)

22. Ms. Judkins was diagnosed with Stage II high-grade serous ovarian cancer on December 30, 2016. (*Id.* at 3.)

23. Ms. Judkins has a family history of cancer that increased her cancer risk. (*See* 9/14/21 Wolf Dep. 579:2-7 (conceding Ms. Judkins’ paternal great aunt’s history of cancer was a risk factor).)

24. Regarding defendants’ marketing, Ms. Judkins testified, “I think they used the word ‘safe,’ but we’re going way back so I may be mistaken.” (Dep. of Carter Judkins 220:2-4, Dec. 1, 2020 (Ex. 25 to Davidson Decl.).)

E. Tamara Newsome

25. Ms. Newsome is a 62-year-old woman living in Lanham, Maryland. (T. Newsome PPF at 2 (Ex. 38 to Davidson Decl.).)

26. Ms. Newsome was diagnosed with Stage II endometrioid cancer on March 23, 2015. (NewsomeT-WHSMCLMR-00075-00077 (Ex. 39 to Davidson Decl.); T. Newsome PPF at 3.)

27. Ms. Newsome has first-degree relatives, her father and brother, who were diagnosed with cancer. (See NEWSOMET_AAMC_C_MDR000295 (Ex. 40 to Davidson Decl.).) As noted above, a family history of cancer is a significant risk factor.

28. Ms. Newsome also had “[REDACTED] [REDACTED]” (2d Am. Rep. of Daniel L. Clarke-Pearson Re: Tamara Newsome at 18, May 28, 2024 (Ex. 41 to Davidson Decl.).)

29. Ms. Newsome also had evidence of [REDACTED]. (NewsomeT-WHSMR-00017 (Ex. 42 to Davidson Decl.).)

30. Ms. Newsome had a [REDACTED] at the time of her cancer diagnosis, which qualifies as obese. (8/27/21 Clarke-Pearson Dep. 607:15-608:8; Dep. of Daniel L. Clarke-Pearson 313:6-15, Mar. 8, 2024 (Ex. 17 to Davidson Decl.).) Dr. Clarke-Pearson considers obesity to be a risk factor for ovarian cancer generally. (8/26/21 Clarke-Pearson Dep. 165:6-166:7.)

31. Regarding defendants' marketing, Ms. Newsome stated, “[t]he impression that I got, that it was safe, it was pure or sterile because it was used on babies.” (Dep. of Tamara Newsome 218:14-16, Dec. 9, 2020 (Ex. 26 to Davidson Decl.).)

F. Pasqualina Rausa

32. Ms. Rausa is a 69-year-old woman living in Ponte Vedra, Florida. (P. Rausa PPF at 2 (Ex. 43 to Davidson Decl.).)

33. Ms. Rausa was diagnosed with Stage III high-grade serous ovarian cancer on June 13, 2018. (*Id.* at 3.)

34. Ms. Rausa had a [REDACTED] in 1988, three decades before she was diagnosed with ovarian cancer. (*Id.*) As noted above with respect to Ms. Bondurant, under plaintiffs' experts' theories, a [REDACTED] cuts off the pathway by which talc allegedly reaches a woman's ovaries. (See e.g., 9/14/21 Wolf Dep. 634:5-7.)

35. Ms. Rausa was 63 at the age of her diagnosis, which is "average age for [a] wom[an] developing ovarian cancer." (2d Am. Rep. of Daniel L. Clarke-Pearson Re: Pasqualina Rausa at 19, May 28, 2024 (Ex. 21 to Davidson Decl.).)

36. Ms. Rausa had a [REDACTED] at the time of her diagnosis, which qualifies as obese. (*Id.*) Dr. Clarke-Pearson considers obesity to be a risk factor for ovarian cancer generally (8/26/21 Clarke-Pearson Dep. 165:6-166:7) and contends Ms. Rausa's [REDACTED] was "[a] cause" of her high-grade serous ovarian cancer (8/27/21 Clarke-Pearson Dep. 662:15-22; *see also id.* 675:17-676:2 (obesity "contributed to the outcome of ovarian cancer")).

37. Ms. Rausa had evidence of [REDACTED] (8/27/21)

Clarke-Pearson Dep. 665:21-666:17) and had a history of douching (*id.* 675:11-15; *see also* RausaP-DUHSMR-00003 (Ex. 44 to Davidson Decl.)). Douching has been shown in some scientific literature to increase risk of ovarian cancer. *See* Gonzalez, *Douching, Talc Use, and Risk of Ovarian Cancer*, 27(6) Epidemiology 797, 797 (2016) (Ex. 45 to Davidson Decl.) (“douching at baseline was associated with increased subsequent risk of ovarian cancer” (HR 1.8; 95% CI: 1.2-2.8)); Chang, *Use of Personal Care Product Mixtures and Incident Hormone-Sensitive Cancers in the Sister Study: A U.S.-Wide Prospective Cohort*, 183 Environ. Int’l 1, 5 (2024) (Ex. 46 to Davidson Decl.) (noting a “a stronger positive association between douche and ovarian cancer incidence” (HR 1.31; 95% CI: 1.06-1.63)).

38. Plaintiffs’ expert Dr. Clarke-Pearson himself opines that Ms. Rausa’s “age, talc [use], obesity, douching and unknown factors all caused Ms. Rausa’s ovarian cancer.” (8/27/21 Clarke-Pearson Dep. 675:17-676:2.)

39. Regarding defendants’ marketing, Ms. Rausa stated, “[t]hey didn’t show anything negative about it, so I took for granted it was [safe].” (Dep. of Pasqualina Rausa 157:5-6, Jan. 27, 2021 (Ex. 7 to Davidson Decl.).)

G. Relevant Statements By U.S. Government Agencies And Medical Organizations

40. The American College of Obstetricians and Gynecologists (“ACOG”) updated its frequently asked question on ovarian cancer in May 2022 and does not

list talc as a risk factor for ovarian cancer. *See* Ovarian Cancer FAQs, American College of Obstetricians and Gynecologists, <https://www.acog.org/womens-health/faqs/ovarian-cancer> (last updated May 2022). This is consistent with the organization's prior statement that “[t]here is no medical consensus that talcum powder causes ovarian cancer.” *See* Talc Use and Ovarian Cancer, American College of Obstetricians and Gynecologists (Sept. 11, 2017), <https://www.acog.org/news-releases/2017/09/talc-use-and-ovarian-cancer>. It also aligns with ACOG's Committee Opinion #619, recommending talc application as a modality to reduce postoperative wound complications in obese patients. *See* Committee Opinion No. 619: Gynecologic Surgery in the Obese Woman, American College of Obstetricians and Gynecologists (Jan. 2015, reaffirmed 2019), <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2015/01/gynecologic-surgery-in-the-obese-woman.pdf>.

41. The National Comprehensive Cancer Network (“NCCN”) found that “[e]nvironmental factors have been investigated, such as talc, but so far they have not been conclusively associated with the development of this neoplasm.” *See* Clinical Practice Guidelines in Oncology: Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer, National Comprehensive Cancer Network

Clinical Practice Guidelines in Oncology, <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1453>.

42. In 2023, the CDC funded ACOG to form an expert review panel that included members from a number of national societies, including the American Cancer Society (“ACS”), American Society of Clinical Oncology, NCCN, and others. *See Burke, Executive Summary of the Ovarian Cancer Evidence Review Conference*, 142(1) *Obstet. Gynecol.* 179, 191 (2023) (Ex. 47 to Davidson Decl.). This group reviewed the literature and identified “research gaps” in every area of ovarian cancer research, including risk factors. Talc was not mentioned in any of the research gaps. Their review found “heterogeneity in the studies on the use of talcum powder and ovarian cancer risk.” *Id.* at 183.

43. The National Cancer Institute PDQ, which was updated in March 2024, states that “the data are inadequate to support an association between perineal talc exposure and an increased risk of ovarian cancer.” *Ovarian, Fallopian Tube, and Primary Peritoneal Cancer Prevention (PDQ®)—Health Professional Version*, National Cancer Institute, <https://www.cancer.gov/types/ovarian/hp/ovarian-prevention-pdq> (last updated Mar. 6, 2024).

44. The American Cancer Society concluded in 2024 that “[t]he weight of the evidence does not support an association between ovarian cancer and genital exposure to talc-based powder.” *Cancer Facts & Figures 2024*, at 23, American

Cancer Society, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2024/2024-cancer-facts-and-figures-acs.pdf>.

45. The FDA, in denying the 1994 and 2008 Citizen Petition letters concerning talc, stated that it “did not find the data submitted presented conclusive evidence of a causal association between talc use in the perineal area and ovarian cancer.” Letter from Steven M. Musser, Ph.D., Deputy Dir. for Sci. Operations, Ctr. for Food Safety & Applied Nutrition, to Samuel S. Epstein, M.D., Cancer Prev. Coalition, Univ. of Ill. – Chi. School of Pub. Health, at 1 (Apr. 1, 2014) (Ex. 1 to Davidson Decl.).

46. The Centers for Disease Control and Prevention’s (“CDC”) website was updated in October 2023 and does not list talc use as a risk factor for ovarian cancer. *See* Ovarian Cancer Risk Factors, Centers for Disease Control and Prevention, <https://www.cdc.gov/ovarian-cancer/risk-factors/index.html> (last updated Oct. 26, 2023).

47. The Society of Gynecologic Oncology identifies established risk factors for ovarian cancer on its website and does not list talc. *See* Ovarian Cancer Risk Factors, Society of Gynecologic Oncology, <https://www.sgo.org/patients-caregivers-survivors/caregivers/ovarian-cancer-risk-factors/> (last visited Aug. 22, 2024).

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Respectfully submitted,

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